IN THE CLAIMS

Please amend claims 25, 26, 37, 44, and 66, as indicated in the following list of pending claims.

PENDING CLAIMS

1-24. (Canceled)

25. (Currently Amended) A method of accessing and anchoring tissue in a patient which corresponds to a lesion site within the patient's body comprising:

a) locating the approximate position of tissue which corresponds to a lesion site within the patient's body by detecting radiation from a radioactive material accumulated within the tissue corresponding to the lesion site with a radiation detector; and

b) accessing the tissue corresponding to the lesion site with an accessing and anchoring device having an elongated shaft having a distal end with a transverse dimension, a proximal end, a longitudinal axis, at least one radially extending anchoring element, and a tissue cutting member at the distal end of the shaft having a transverse dimension greater than the transverse dimension of the distal end by activating the tissue cutting member to ablate tissue ~~while~~ to facilitate passing the shaft into the patient's body through tissue until the distal end of the shaft is disposed adjacent the tissue corresponding to the lesion site;

c) extending at least one anchoring element from the shaft and into the tissue corresponding to the lesion site; and

d) securing the distal end of the device to the tissue corresponding to the lesion site.

26. (Currently Amended) A method of accessing and anchoring a sentinel lymph node of a patient which corresponds to a lesion site within the patient's body comprising:

a) locating the approximate position of at least one sentinel lymph node within the patient's body by detecting radiation from a radioactive material accumulated within the sentinel lymph node with a radiation detector; [[and]]

b) providing an accessing and anchoring device having an elongated shaft with a distal end that has a transverse dimension, a proximal end, a longitudinal axis, at least one radially extending anchoring element, and a tissue cutting member at the distal end of the shaft having a transverse dimension greater than the transverse dimension of the distal end and which is configured for passing the distal end of the shaft into the patient's body,

c) accessing the at least one sentinel lymph node with [[an]] the accessing and anchoring device ~~having an elongated shaft having a distal end, a proximal end, a longitudinal axis, at least one radially extending anchoring element, and a tissue cutting member at the distal end of the shaft configured for~~ by passing the distal end of the shaft into the patient's body until the distal end of the shaft is disposed adjacent the at least one sentinel lymph node to be accessed and anchored;

[[c]]d) extending at least one anchoring element from the shaft and into the sentinel lymph node; and

[[d]]e) securing the distal end of the device to the at least one sentinel lymph node.

27. (Original) The method of claim 26, wherein the distal end of the accessing and anchoring device is secured to the sentinel lymph node by radially extending at least one anchoring element from the distal end of the accessing and anchoring device into the at least one sentinel lymph node.

28. (Original) The method of claim 26, wherein an outer extremity of the at least one anchoring element is configured to emit RF energy and further comprising activating the outer extremity of the at least one anchoring element to emit RF energy during deployment thereof.

29. (Original) The method of claim 26, wherein the shaft of the accessing and anchoring device has an inner lumen configured to extend to a location at or near the distal end of the shaft, and the device comprises a radiation detector slidably disposed within the inner lumen, wherein the step of detecting radiation comprises detecting radiation from a radioactive material accumulated within the sentinel lymph node with a radiation detector that is slidably disposed within the inner lumen of the elongated shaft.

30. (Original) The method of claim 27, wherein the position of the distal end of the shaft adjacent to the at least one sentinel lymph node is confirmed by detecting an amount of radiation energy emanating from the tissue along the longitudinal axis of the shaft and manipulating the shaft and or the radiation energy detector to detect the amount of radiation energy emanating from the tissue adjacent

the longitudinal axis of the shaft and comparing the amounts of radiation detected from various portions of tissue.

31. (Original) The method of claim 26, wherein a gamma camera is used to determine the approximate position of the at least one sentinel lymph node within the patient's body prior to accessing the sentinel lymph node with the device.

32. (Original) The method of claim 26, wherein the shaft and sentinel lymph node are imaged with an ultrasound imaging system during insertion of the shaft into the patient's body.

33. (Original) The method of claim 26, further comprising surgically removing the at least one sentinel lymph node with the accessing and anchoring device attached thereto and using the accessing and anchoring device to locate the at least one sentinel lymph node during the surgical procedure.

34. (Previously Presented) The method of claim 26, further comprising marking the skin of the patient with a visible mark above the location of the sentinel lymph node prior to accessing the sentinel lymph node with the accessing and anchoring device.

35. (Original) The method of claim 26, wherein the tissue cutting member is an RF powered electrode.

36. (Original) The method of claim 35, wherein the RF powered electrode comprises an arcuate shaped wire spaced distally from a distal extremity of the distal

end of the cannula whereby tissue is ablated along the length of the RF electrode and displaced by the distal end of the cannula as it is advanced through the tissue.

37. (Currently Amended) A node accessing and anchoring system, comprising:

a. a node accessing and anchoring device comprising:

an elongated shaft having an inner lumen, a distal end with a transverse dimension and a proximal end;

a tissue cutting member at the distal end of the shaft having a transverse dimension greater than the transverse dimension of the distal end; and

at least one anchoring element having a retracted configuration and an extended configuration, wherein the extended configuration extends from a position at or near the distal end of the shaft and is configured to secure the distal end of the shaft to tissue adjacent to the node to be accessed; and

b. a radiation detector within the inner lumen of the elongated shaft and having at least a portion thereof disposed at or near the distal end of the shaft to detect radiation from the node to be accessed.

38. (Original) The system of claim 37, wherein the elongated shaft further has a longitudinal axis defining a radial direction forming an angle with respect to a plane including said longitudinal axis, and wherein said at least one anchoring element extends in a radial direction from a position at or near to the distal end of the shaft.

39. (Original) The system of claim 37, wherein the at least one anchoring element forms a curved structure as it extends.

40. (Original) The system of claim 39, wherein the curved structure comprises a helical coil.

41. (Original) The system of claim 39, wherein the curved structure of the anchoring element extends through at least 180°.

42. (Original) The system of claim 39, wherein the curved structure of the anchoring element extends through at least 360°.

43. (Original) The system of claim 39, wherein the curved structure of the anchoring element extends through at least 540°.

44. (Currently Amended) A system for accessing and anchoring a sentinel node within a patient, comprising:

a. a node accessing and anchoring device comprising:

an elongated shaft having a longitudinal axis, a distal end <u>having a transverse dimension</u> and a proximal end;

a tissue cutting member at the distal end of the shaft <u>having a transverse dimension greater than the transverse dimension of the distal end</u>;

at least one radially extending anchoring element at or near the distal end of the shaft, the at least one radially extending anchoring element having a retracted configuration and an extended deployed configuration extending from the distal end of the shaft for securing the distal end of the shaft to the node to be accessed, and

a deployment actuator disposed proximal of the distal end of the elongate shaft and configured to deploy the radially extending anchoring element from a retracted configuration to an extended deployed configuration to engage tissue adjacent to the node to be accessed; and

b. a radiation detector disposed at or near the distal end of the shaft.

45. (Original) The system of claim 44, wherein the anchoring element further comprises a first electrical lead electrically coupled to the at least one radially extending wire and a second electrical lead electrically coupled to the patient whereby RF energy can be applied to the at least one anchoring element during deployment and extension thereof.

46. (Original) The system of claim 44, wherein the tissue cutting member at the distal end of the shaft comprises an RF electrode configured to ablate and penetrate tissue.

47. (Original) The system of claim 46, wherein the RF electrode on the distal end of the shaft comprises an arcuate wire spaced distally from the distal extremity of the distal end of the elongate shaft.

48. (Original) The system of claim 47, wherein the RF electrode lies in substantially the same plane as the longitudinal axis of the elongate shaft of the node accessing and anchoring device.

49. (Original) The system of claim 44, wherein the deployment actuator of the node accessing and anchoring device is configured to both extend the anchoring elements and activate RF energy to the anchoring elements.

50. (Original) The system of claim 44, wherein the node accessing and anchoring device further comprises a housing, an inner conductor, a main shaft disposed within an inner lumen of the inner conductor, an actuator coupled to the inner conductor for extending the anchoring elements and an RF energy source switchably coupled to the inner conductor.

51. (Original) The system of claim 44, wherein the anchoring element forms a curved structure as it extends radially.

52. (Original) The system of claim 44, wherein the curved structure of the anchoring element extends through at least 180°.

53. (Original) The system of claim 44, wherein the curved structure of the anchoring element extends through at least 360°.

54. (Original) The system of claim 44, wherein the curved structure of the anchoring element extends through at least 540°.

55-65. (Canceled)

66. (Currently Amended) A system for accessing and anchoring tissue within a patient, comprising:

a. a tissue accessing and anchoring device comprising:

i. an elongated shaft having a longitudinal axis, a distal end with a transverse dimension and a proximal end;

ii. a tissue cutting member at the distal end of the shaft having a transverse dimension greater than the transverse dimension of the distal end;

iii. at least one radially extending anchoring element at or near the distal end of the shaft which has a retracted configuration and an extended deployed configuration extending from the distal end of the shaft for securing the distal end of the shaft to tissue adjacent the node to be accessed, and

iv. a deployment actuator disposed proximal of the distal end of the elongate shaft and configured to deploy the radially extending anchoring element from a retracted configuration to an extended configuration so as to secure the distal end of the shaft to tissue adjacent to the node to be accessed; and

b. a radiation detector disposed at or near the distal end of the shaft.

67. (Previously Presented) The system of claim 66, wherein the anchoring element further comprises a first electrical lead electrically coupled to the at least one radially extending wire and a second electrical lead electrically coupled to the patient whereby RF energy can be applied to the at least one anchoring element during deployment and extension thereof.

68. (Previously Presented) The system of claim 66, wherein the tissue cutting member at the distal end of the shaft comprises an RF electrode configured to ablate and penetrate tissue.

69. (Previously Presented) The system of claim 68, wherein the RF electrode on the distal end of the shaft comprises an arcuate wire spaced distally from the distal extremity of the distal end of the elongate shaft.

70. (Previously Presented) The system of claim 69, wherein the RF electrode lies in substantially the same plane as the longitudinal axis of the elongate shaft of the tissue accessing and anchoring device.

71. (Previously Presented) The system of claim 66, wherein the deployment actuator of the tissue accessing and anchoring device is configured to both extend the anchoring elements and activate RF energy to the anchoring elements.

72. (Previously Presented) The system of claim 66, wherein the tissue accessing and anchoring device further comprises a housing, an inner conductor, a main shaft disposed within an inner lumen of the inner conductor, an actuator coupled to the inner conductor for extending the anchoring elements and an RF energy source switchably coupled to the inner conductor.

73. (Previously Presented) The system of claim 66, wherein the anchoring element forms a curved structure as it extends radially.

74. (Previously Presented) The system of claim 66, wherein the curved structure of the anchoring element extends through at least 180°.

75. (Previously Presented) The system of claim 66, wherein the curved structure of the anchoring element extends through at least 360°.

76. (Previously Presented) The system of claim 66, wherein the curved structure of the anchoring element extends through at least 540°.